UNITED
NATIONS

E

Economic and Social Council

Distr.
GENERAL

E/ICEF/1996/P/L.15
17 November 1995
ENGLISH
ORIGINAL: FRENCH

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 1996
22-26 January 1996
Item 5 of the provisional agenda*

FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

Togo

SUMMARY

The Executive Director presents the country programme strategy note for Togo for a programme of cooperation for the period 1997 to 2001.

The situation of children and women is still characterized by high mortality and morbidity rates linked to the inadequate quality of health services and the fact that there is still too little access to drinking water, sanitation, education and information. The deeper causes are the lack of basic education (especially for women and girls) and community involvement, as well as the State's weak capacity for governance.

This programme is designed to improve survival, development and equality of the sexes for the benefit of the most disadvantaged women and children. It will be achieved through a combination of strategies for the empowerment of communities and women, strengthening their capacity for decision-making, planning, management and monitoring of the necessary services, and through support for the provision of services to increase access to primary health care in urban areas, sanitation in rural areas, education for health and basic education for girls. Strengthening the capacities of technical service personnel and non-governmental organizations (NGOs) will improve the quality of the various services provided and the utilization and management of those services. These general strategies will be implemented in three regions (Savanes, Kara and Maritime) in the form of a partnership with the Government, NGOs and other cooperating agencies. The strategies will be supported by advocacy with decision makers and donors with a view to engaging them in an extensive mobilization campaign to improve the conditions of the most disadvantaged children and women in Togo. Advocacy will be undertaken with a view to the greater integration of their needs into national development planning.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

95-36275 (E) 301195 111295 121295

/...

THE SITUATION OF CHILDREN AND WOMEN

1. Togo, with a population estimated at 3,900,000, is ranked 140th in the human development index. The acute and prolonged socio-political crisis which lasted from 1990 to 1994 has had repercussions on many economic and social indicators. The per capita gross national product (GNP) fell from $400 in 1992 to $330 in 1994. Approximately 60 per cent of the population is below the poverty level, particularly in the northern regions (Savanes, 95 per cent; Kara, 93 per cent).

2. The infant mortality rate (IMR) and the infant and child mortality rate are high (84 and 135 per 1,000 live births respectively) and can be attributed mainly to malaria, acute respiratory infections (ARI), diarrhoeal diseases, nutritional deficiencies and diseases such as measles, poliomyelitis, diphtheria, tetanus, pertussis, AIDS and low birth weight. The maternal mortality rate (MMR) (420 per 100,000 live births) and maternal morbidity are still linked to haemorrhaging, infections, nutritional and metabolic disorders, sexually transmitted diseases and AIDS, malaria, nutritional deficiencies and dracunculiasis. The principal causes for this are lack of information, insufficient accessibility of quality care and the low impact of basic education, which is particularly pronounced among women (whose illiteracy rate is 67 per cent, as compared with 44 per cent for men).

3. Inadequate access to drinking water (63 per cent), particularly in rural areas (56 per cent in general and less than 40 per cent in the Maritime region), contributes to the very high frequency of diarrhoeal diseases and parasitic disorders and to the excessive workload of women. The inadequate utilization of water also places a limit on the potential health benefits. In 1992, only 3 per cent of rural areas had adequate excreta disposal systems. The need is not strongly felt because of the lack of a health communication and education strategy, the main objective of which is to change bad practices.

4. School enrolment, which fell from 76 per cent in 1990 to 61 per cent in 1994, is characterized by strong regional disparities (Savanes, 36 per cent; Centrale, 81 per cent) and gender disparities (50 per cent for girls and 73 per cent for boys). The completion rate is low (43 per cent), and the repeater rate (46 per cent) is one of the highest in the subregion. These figures can be attributed to the mediocre quality of the teaching.

5. The State's weak capacity for governance, the lack of involvement of communities (ineffective decentralization), and socio-cultural beliefs which are discriminatory towards women constitute the basic structural causes of the priority problems listed above.

6. The Government of Togo and UNICEF have resolved to tackle the problem from the standpoint of the country's current social priorities. The selection of the problems and their solution take account of the intervention of other agencies, including the World Bank for the rehabilitation of education; cooperation with France and Germany, the World Bank, the United Nations Population Fund and the World Health Organization for the reduction of the principal health problems that have been identified; the United Nations Capital Development Fund (UNCDF)

and the International Fund for Agricultural Development (IFAD) for basic infrastructure support; and the United Nations Development Programme (UNDP) and the World Bank for improvement of governance.

LESSONS LEARNED FROM PAST COOPERATION

7. The 1994-1996 cooperation programme was designed to contribute to the reduction of IMR from 90 to 70 per 1,000 live births over a three-year period. It is difficult to evaluate this ambitious objective over such a short period of time, but the objectives of the various sectoral programmes have contributed to it by aiming to reduce specific mortality rates and by reducing morbidity rates resulting from to dracunculiasis and diarrhoeal diseases.

8. The emphasis placed on the provision of services, complementing other combinations of strategies, was fully justified by the still poor accessibility of basic services (health, provision of drinking water, sanitation, lightening the workload of women and women's education). There have been positive achievements in immunization coverage (for three doses of combined diphtheria/pertussis/tetanus vaccine the coverage was 40 per cent in 1992 and 60 per cent in 1994) and in access to essential generic drugs (the Bamako Initiative coverage rose from 26 per cent in 1992 to 90 per cent in 1995), in oral rehydration therapy (ORT), in the provision of iron and folate supplement for pregnant women, and in terms of the availability of water filters and information relating to dracunculiasis. On the other hand, the impact which the activities have had on the drinking water supply and sanitation has been inadequate because of the ineffectiveness of the strategies adopted and the belated development of an approach integrated and adapted to the needs of the communities. Likewise, support for services for women has been limited by strategies which were too costly and difficult to sustain on a continuing basis. Fortunately, they have been replaced by more efficient strategies conceived in partnership with non-governmental organizations (NGOs).

9. National-capacity building, which is advocated in all programmes, has focused on the planning and management of local services. Monitoring capacity is still a weak point at all levels, and limits the quality of the services provided.

10. The empowerment of communities in planning and management has served to strengthen previous sectoral initiatives which provided a limited opportunity for management and decision-making. However, the community approach still takes too little account of gender disparities and discrimination against women while inadequate access to information and education represents a major constraint on the long-term continuation of the activities undertaken.

11. The lack of a strategy for mobilizing decision makers and donors has meant that it has not been possible to influence policies significantly in favour of the basic needs of the most disadvantaged children and women. However, this programme has seen the development of fruitful collaboration with NGOs, which has made a significant contribution to the achievement of results in a period of crisis (support for technical services and communities).

PROPOSED COUNTRY PROGRAMME STRATEGY

12. Activities to resolve selected problems will be undertaken in three regions comprising 68 per cent of the rural population of Togo, selected on the basis of the criteria of (a) poverty; (b) the acuteness of gender disparities; (c) experience of previous cooperation; and (d) the balanced distribution of external assistance. It will thus be possible to achieve national objectives through concerted and coordinated assistance (mutual support in areas of joint intervention, provision of drinking water and harmonization of methods throughout the territory).

13. In the light of these problems and of the lessons learned from past experience, the cooperation programme for the period 1997 to 2001 is designed to improve survival, development and equality of the sexes for the benefit of the most disadvantaged women and children of the Savanes, Kara and Maritime regions. This objective will be attained through the objectives of the following four programmes:

(a) Health/water: To contribute to a 60 per cent reduction in specific infant and child mortality rates linked to the principal transmissible diseases, reduce maternal mortality resulting from complications in pregnancy, eliminate iodine and vitamin A deficiency disorders, and eliminate dracunculiasis in Togo;

(b) Basic education (girls): To contribute to the acquisition of basic knowledge by 80 per cent of girls aged 6 to 15 years if age in 300 villages in eight prefectures in the Savanes, Kara (Dankpen, Kéran) and Maritime (Vo and Lacs) regions;

(c) Community capacity-building: To strengthen the control by communities themselves, and by women in particular, of conditions for the survival and development of children and women in 50 per cent of the village communities in eight prefectures of the Savanes region;

(d) Mobilization: To strengthen the commitment of decision makers, donors and communities to the promotion of activities and the mobilization of resources on behalf of children and women.

14. The programme will be structured along four main strategic lines: (a) support for the provision of services; (b) national capacity-building; (c) the empowerment of communities; and (d) advocacy. The empowerment of communities, and of women in particular, is the decisive factor. Their involvement in decision-making will be promoted through a general participatory approach to the resolution of problems, planning, management, and monitoring and evaluation of activities at the village level. Concomitantly, an interpersonal communication and education strategy will be implemented in order to develop positive practices and to change those practices which are harmful to health, nutrition and the environment, as well as attitudes which are discriminatory towards women. The programmes, which will be carried out at the prefecture level, will provide a framework for the development of methods designed to bring about lasting behavioural changes. Monitoring and evaluation mechanisms will be established which will permit the principal results to be used to influence

national policies and to ensure large-scale implementation. The results will serve, in particular, to develop a national education strategy for health, hygiene and nutrition.

15. Support for the provision of services will be designed to improve the quality of, and access to, primary health care, hygiene and basic education, as well as to reduce the excessive workload of women and the inadequacy of their income. The health achievements will be sustained through the consolidation of the strategy advanced (the recovery of costs and community management), the installation of independent mechanisms for the supply of vaccines and oral rehydration salts, and the strengthening of the prefectural reference level by developing a model of the Bamako Initiative type. Access to drinking water will be maximized by taking account of other technological options and improving existing water points. Access to school and the retention of girls in school will be guaranteed in the eight prefectures in which the disparities are most marked. Education strategies will be developed on the basis of an analysis and solutions proposed by the parents, as well as the training of teachers, parental education and childcare for younger brothers and sisters. The community capacity-building programme will assist in the establishment of basic services identified by women at the microplanning stage as having priority. moreover, access to complementary services through partnership with other cooperating agencies will be made easier with a view to the improvement of protein-energy nutrition.

16. National capacities, including the technical services and NGOs, privileged partners at the community level, will be strengthened. The focus will be mainly on participatory methods of planning, management and monitoring/supervision with a view to the better utilization of services and the taking into account of the disparities which operate against women. The emphasis will be on the prefectural and regional levels for the three principal programmes, and the global level for the mobilization programme.

17. In order that the needs of the most disadvantaged children and women will be effectively taken in to account, all information, regularly updated and analysed, will be made available to the decision makers, communicators and other partners. The programme will ensure that decision makers and civil society as a whole are made aware of the Convention on the Rights of the Child and the objectives of the Decade.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001*

(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Health/water	2 200	3 265	5 465
Basic education (girls)	1 250	2 240	3 490
Community capacity-building	1 200	1 770	2 970
Mobilization	350	125	475
Total	5 000	7 400	12 400

* These are indicative figures only which are subject to change once aggregate financial data are finalized.